pennsylvania DEPARTMENT OF REVENUE PA-40ESR (I) (07-09)  TAX YEAR	DATE FILED:	DECLARATION OF I	ESTIMATED	TAX
YOUR SOCIAL SECURITY NUMBER	SPOUSE'S SOCIAL SECURITY NUMBER  DAYTIME TELEPHONE NUMBER	READ INSTRUCTIONS BEFORE ENTERING DOLLAR AMOUNTS.  MAKE CHECKS PAYABLE TO PA DEPARTMENT OF REVENUE  MAIL THIS FORM WITH YOUR PAYMENT TO:  PA DEPARTMENT OF REVENUE	BEGINNING	FISCAL FILERS ONLY   M   M   D   D   Y   Y   Y   Y     M   M   D   D   Y   Y   Y   Y   M   M   D   D   Y   Y   Y   Y   M   M   D   D   Y   Y   Y   Y   M   M   D   D   Y   Y   Y   Y   M   M   D   D   M   M   M   D   D   M   M
LAST NAME		PO BOX 280403 HARRISBURG PA 17128-0403	2.13.110	
FIRST NAME		TYPE OF ACCOUNT:	\$	AMOUNT OF PAYMENT
P.O. BOX, APT. NO., SUITE, FLOOR, RR NO., ETC.			DE	ECLARATION OF ESTIMATED TAX
STREET ADDRESS				
CITY	STATE ZIP CO	DDE		DEPARTMENT USE ONLY

Please be sure address below shows through window of enclosed envelope.

PA DEPARTMENT OF REVENUE PO BOX 280403 HARRISBURG PA 17128-0403